U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

## FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

2004

2004 Through: 12 / 31 /

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.

	For Official Use Only
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3. Name and address of person filing.

1. File Number U -

READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

2. Fiscal Year Covered From:

4. Name, file number, and address of labor organization.

Name	James	E Todd	Name	Teamsters Lo	car union so	J <b>J</b>		
	Special and an extra contract and an extra contract and a second and a		Labor	Organization File Nu	mber 03	56315		
P.O. Box, Bldg., Room No., if any			P.O. E	P.O. Box, Building and Room Number, if any				
Street	treet 200 Trinity Drive			Street 1213 State Street				
City	Summerville			City Cayce				
State	South Carolina	ZIP Code + 4 29483	State	South Caroli	na	ZIP Code + 4 29033		
5. Position in labor organization. Secretary Treasurer/ Business Agent								
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):								
A. Held moneta	A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.							
6. Name	e and address of Employer (i	ncluding trade name, if any).	7.a. Nat	ure of Interest, Trans	action, or Income.			
Name			To the report	-	knowledge I	have nothing to		
Trade I	Name, if any:							
P.O. B	ox, Bldg., Room No., if any		7.b. Am	ount.				
Street								
City								
State		ZIP Code + 4						
		S	ignature 1	lar 5	Tedel			
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)								
Sign	ed An 5	Todal	On	08/10/2005	803-796-6	172		
	1			Date	-	Telephone Number		

Name of Person Filing James Todd	File Number U-					
B. Held an interest in or derived income or economic benefit with monetary value <b>from a business</b> (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.						
8. Name and address of Business (including trade name, if any).  Name None  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	9. Business deals with:  a. Labor Organization  b. Trust  c. Employer					
10. If 9.b. or 9.c. is checked give trust or employer's name.  Name none  Trade Name, if any:  P.O. Box, Bldg., Room No., if any	11.a. Nature of such dealing.					
Street  City  State  ZIP Code + 4	11.b. Approximate dollar value of such dealing.  12.a. Nature of interest held or income received.					
	12.b. Amount.					
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money  13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).  Name none  Trade Name, if any:  P.O. Box, Bldg., Room No., if any  Street  City  State  ZIP Code + 4	er parts A and B above) or other thing of value.  14.a. Nature of payment.  14.b. Amount of payment.					
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.					

The transactions, dealings and interests that are reported in the attached Form LM-30 represent my good faith effort to reconstruct any reportable occurrances for calendar year 2004. Some items may have been unintentionally omitted. If, in the future, it comes to my attention that there is a matter which should have been reported for the calendar year 2004, I will file an ammended Form LM-30.

James Todd

Date